

13/09/2004 20:28

845846152215

RON PERO

PAGE 03

PTO/SB/02 (02-03)
Approved for use through 11/30/2006. OMB 0401-0015
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

| | | | | |
|--|----------------------|----------------|--|--|
| REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS | Application Number | 10/718,613 | | |
| | Filing Date | 11/20/2003 | | |
| | First Named Inventor | Ronald W. Pero | | |
| | Art Unit | | | |
| | Examiner Name | | | |
| Attorney Docket Number | | 4935-102 US | | |

I hereby revoke all previous powers of attorney given in the above-identified application.

☒ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number:

☒ Please change the correspondence address for the above-identified application to:

☐ The address associated with Customer Number:

OR

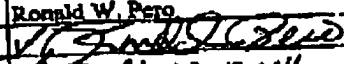
| | | | | | |
|---|-----------------------------|-------|--------------|-----|-------|
| <input checked="" type="checkbox"/> Firm or Individual Name | Patrick H. Higgins | | | | |
| Address | Fox Rothschild LLP | | | | |
| Address | 997 Laxon Drive, Building 3 | | | | |
| City | Lawrenceville | State | NJ | Zip | 08648 |
| Country | | | | | |
| Telephone | 609-896-7654 | Fax | 609-896-1469 | | |

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/06)

SIGNATURE of Applicant or Assignee of Record

| | | | |
|-----------|---|--|--|
| Name | Ronald W. Pero | | |
| Signature |  | | |
| Date | Sept 13, 2004 | | |
| Telephone | 802-375-6690 | | |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.56. The information is required to obtain or retain a benefit by the public which is to the (and by the USPTO or process) an application. Dissemination is governed by 36 U.S.C. 122 and 37 CFR 1.54. This collection is estimated to take 8 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form under burden should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1460, Alexandria, VA 22313-1460. DO NOT SEND FEE OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1460.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

13/09/2004 20:28 846046152215

RON PERO

PAGE 04

PTO/SSS1 (2-04)
Approved for use through 11/30/2008. OMB 0571-0038
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE
This form is for use in connection with the filing of an application for a patent or trademark and is not to be used for any other purpose.

**POWER OF ATTORNEY
AND
CORRESPONDENCE ADDRESS
INDICATION FORM**

Under the Patent and Trademark Act of 1952, no person is required to record in a collection of information unless it contains a valid OMB control number.

| | |
|------------------------|-------------------|
| Application Number | 10718.613 |
| Filing Date | November 20, 2003 |
| First Named Inventor | Ronald W. Pero |
| Title | |
| Art Unit | |
| Examiner Name | |
| Attorney Serial Number | 4935-102 US |

I hereby appoint:

☐ Practitioner associated with the Customer Number: []

OR

☒ Practitioner(s) named below:

| Name | Registration Number |
|--------------------|---------------------|
| Patrick H. Higgins | 39,709 |
| | |
| | |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number.

OR

☐ The address associated with Customer Number: []

OR

☒ Firm or individual Name: Patrick H. Higgins

Address: 997 Lenox Drive, Building 2

City: Lawrenceville State: NJ Zip: 08648

Country: Telephone: 609-896-7654 Fax: 609-896-1469

☒ I am that:

☒ Applicant/inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71. Signature of assignee under 37 CFR 3.73(a) is enclosed. (Form PTO/SSS/61)

SIGNATURE of Applicant or Assignee of Record

Signature: [Signature] Date: 11/13/2004

Name: Ronald W. Pero Telephone: 802-375-6690

Title and Company:

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.

☐ Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.32. The information is required to obtain or retain a patent by the public which is to be used by the USPTO to process an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 8 minutes to complete, including gathering, preparing and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing the burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1460, Alexandria, VA 22315-1460. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22315-1460.

If you need assistance in completing the form, call 1-800-PTC-5199 and select option 2.

**This Page is Inserted by IFW Indexing and Scanning
Operations and is not part of the Official Record**

BEST AVAILABLE IMAGES

Defective images within this document are accurate representations of the original documents submitted by the applicant.

Defects in the images include but are not limited to the items checked:

- ☐ **BLACK BORDERS**
- ☐ **IMAGE CUT OFF AT TOP, BOTTOM OR SIDES**
- ☐ **FADED TEXT OR DRAWING**
- ☒ **BLURRED OR ILLEGIBLE TEXT OR DRAWING**
- ☐ **SKEWED/SLANTED IMAGES**
- ☐ **COLOR OR BLACK AND WHITE PHOTOGRAPHS**
- ☐ **GRAY SCALE DOCUMENTS**
- ☐ **LINES OR MARKS ON ORIGINAL DOCUMENT**
- ☐ **REFERENCE(S) OR EXHIBIT(S) SUBMITTED ARE POOR QUALITY**
- ☐ **OTHER:** _____

IMAGES ARE BEST AVAILABLE COPY.

As rescanning these documents will not correct the image problems checked, please do not report these problems to the IFW Image Problem Mailbox.